North Carolina Industrial Commission

REPORT OF EMPLOYER OR CARRIER/ADMINISTRATOR OF COMPENSATION AND MEDICAL COMPENSATION PAID AND NOTICE OF RIGHT TO ADDITIONAL MEDICAL COMPENSATION

IC File #_____
Emp. Code #_____
Carrier Code #_____
Carrier File #_____
Employer FEIN_____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

Employee's Name | Employer's Name ( ) Telephone Number

Address | Employer's Address City State Zip

City State Zip | Insurance Carrier

( ) Home Telephone ( ) Work Telephone | Carrier's Address City State Zip

‘ M ‘ F Social Security Number Sex Date of Birth / / | ( ) Carrier's Telephone Number ( ) Fax Number

1. Date of accident or disability from occupational disease_____.
2. Salary ‘ was / ‘ was not continued. Total Dollar Amount
3. Number of weeks temporary total _____ from _____, through _____ $_____
   _____ from _____, through _____ $_____
4. Number of weeks temporary partial _____ from _____, through _____ $_____
   _____ from _____, through _____ $_____
5. Number of weeks permanent partial _____ from _____, through _____ $_____
6. Disfigurement amount paid $_____
7. Death benefits paid $ _____
8. Loss of organ or body part benefits paid $ _____
9. Total of lines 3 through 8, including any attorney fee paid to employee's attorney $_____
10. Compromise Settlement Agreement amount $_____
11. a. Total medical paid $ _____ Does this include final medical? ‘ Yes / ‘ No
    (Include bills for nursing, doctor, hospital, drugs, etc., but exclude rehabilitation and "medical only" paid)
    b. Total rehabilitation paid $ _____
    c. Total "medical only" paid $ _____
12. Total of lines 9, 10, 11a, and 11b. $ _____
13. Miscellaneous payments:
    Funeral benefits $ _____
    Second injury fund $ _____
    Hearing Costs $ _____
    Expert witness fees $ _____
    Other $ _____
    Total Miscellaneous Payments
    $_____
14. Has employee returned to work? Yes / No If so, on what date? _____ At what wage? _____
15. Date last compensation check forwarded _____ Was this the final payment? ‘ Yes / ‘ No
16. Date last medical compensation paid _____ Was this the final payment? ‘ Yes / ‘ No

NAME OF EMPLOYER OR CARRIER/ADMINISTRATOR

SIGNATURE TITLE DATE

This form must be filed with the Industrial Commission at the address below, and a copy provided the employee with his last compensation check within 16 days following final payment of compensation and final medical payment.

FOR INDUSTRIAL COMMISSION USE ONLY
Days _____
Compensation Paid $_____
Medical $_____
IC Code: _____

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11/2003
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MAIL TO: ***NCIC - STATISTICS SECTION***
4334 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4334
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688-8349

FORM 28B

IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL WEEKLY COMPENSATION CHECKS OR LUMP SUM PAYMENT

If you claim further compensation, you must notify the Industrial Commission in writing within two years from the date of receipt of your last compensation check or your rights to these benefits may be lost.

IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL MEDICAL BENEFITS INJURED BEFORE JULY 5, 1994

If your injury occurred before July 5, 1994, you are entitled to medical compensation as long as it is reasonably necessary, related to your workers' compensation case, and authorized by the carrier or the Industrial Commission.

IMPORTANT NOTICE TO EMPLOYEE CLAIMING ADDITIONAL MEDICAL BENEFITS INJURED ON OR AFTER JULY 5, 1994

If your injury occurred on or after July 5, 1994, your right to future medical compensation will depend on several factors. Your right to payment of future medical compensation will terminate two years after your employer or carrier/administrator last pays any medical compensation or other compensation, whichever occurs last. If you think you will need future medical compensation, you must apply to the Industrial Commission in writing within two years, or your right to these benefits may be lost. To apply you may also use Industrial Commission Form 18M.

DEFINITION OF MEDICAL COMPENSATION

The term "medical compensation" means medical, surgical, hospital, nursing and rehabilitative services, and medicines, sick travel, and other treatment, including medical and surgical supplies, as may reasonably be required to effect a cure or give relief, and for such additional time, as in the judgment of the Industrial Commission, will tend to lessen the period of disability; and any original artificial members as may reasonably be necessary at the end of the healing period, and the replacement of such artificial members when reasonably necessitated by ordinary use or medical circumstances. **N.C. Gen. Stat. § 97-2(19)**.

NEED ASSISTANCE?

If you have questions or need help and you do not have an attorney, you may contact the Industrial Commission' Ombudsman at **(800) 688-8349**

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